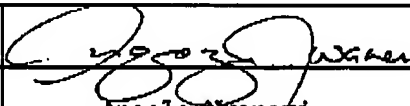


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Sample Form (09-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: ALZA Corporation					
Application No. 10/608,304					
Filed: June 27, 2003					
Title: TRANSDERMAL DRUG DELIVERY DEVICES HAVING COATED MIROPROTRUSIONS					
Attorney Docket No. ARC3074R1	Art Unit: 1615				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>RALPH FRANCIS</td><td>38,884</td></tr></tbody></table>		Name	Registration Number	RALPH FRANCIS	38,884
Name	Registration Number				
RALPH FRANCIS	38,884				
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>					
<b>SIGNATURE of Practitioner of Record</b>					
Signature 	Date 5/25/05				
Name Angela Nwaneri	Registration No., if applicable 34,229				
Telephone 1-650-564-2024					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.